

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-52-036928

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 541

Registrar's No. 2560

FILED SEP 20 1962

1. PLACE OF DEATH a. COUNTY St. Louis,		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton,		c. CITY OR TOWN Lemay,	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. St Louis Co. Hosp.		d. STREET ADDRESS (If outside, give location) 6074 Telegraph	

3. NAME OF DECEASED (Type or print) First JOHN Middle S. Last BAKER			4. DATE OF DEATH Month Sept. Day 3rd, Year 1962		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-5-1921	9. AGE (last birthday) 41	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Radio & TV Engineer		10b. KIND OF BUSINESS OR INDUSTRY KSD		11. BIRTHPLACE (City and state or country) Cairo, Illinois.	
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Henry H. Baker		13b. MOTHER'S MAIDEN NAME Rose Stackert	
14. NAME OF HUSBAND OR WIFE Marie A. Baker		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes. W. War #2		16. SOCIAL SECURITY NO. [REDACTED]	
17. INFORMANT Marie A. Baker-6074 Telegraph		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Natural causes (probably coronary)		INTERVAL BETWEEN ONSET AND DEATH Unk	

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 6:52 a.m. p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Clayton, Missouri		

21. I attended the deceased from _____, to _____ and last saw her alive on _____ Death occurred at 6:52 AM on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE Raymond H. Davis	22b. ADDRESS Clayton, Missouri
22c. DATE SIGNED 9/11/62	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept. 6, 1962	23c. NAME OF CEMETERY OR CREMATORY Park Lawn Cemetery	23d. LOCATION (City, town, or county) St. Louis County, Mo.
24. FUNERAL DIRECTOR Kriegshauser-4228 S. Kingshighway Blvd.		25. DATE RECD. BY LOCAL REG. 9-4-62	26. REGISTRAR'S SIGNATURE [Signature]

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

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Rev. 4/59

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County Coroner

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Edmund A. McNamee att

Licensed Embalmer No.

3024

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.